STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910005	**03/09/2017**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE BAYSHORE**	STREET ADDRESS, CITY, STATE, ZIP CODE **4902 BAYSHORE BLVD** **TAMPA, FL 33611**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

Assisted Living Facility

On March 9, 2017, two complaint surveys, (CCR# 2016014250 & CCR# 2017001178), were conducted at Brookdale Bayshore. No deficiencies were found during the visit.

(License # 7565)

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